

Name of Person Filing: _____
 Address: _____
 City, State, Zip Code: _____
 Day/Evening Telephone: _____ / _____
 ATLAS Number (if applicable) _____
 Attorney Bar Number (if applicable) _____
 Representing: ☐ Self ☐ Petitioner ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

_____ Case Number: _____
 Name of Petitioner

 Name of Respondent

**NOTICE OF FILING PETITION FOR
MODIFICATION OF CHILD CUSTODY**
 (A.R.S. 25-1035)

A Petition for Modification of Child Custody has been filed. A copy of the petition and/or affidavits is served on you with this Notice.

If you do not want a modification order taken against you without your input, you must file a response in writing with the court within twenty (20) days from the date of service. A copy of each response document shall be provided to the applicant's attorney or, if unrepresented, the applicant and to the assigned division.

No sooner than five (5) days after expiration of the time permitted for the filing of the response, either party or attorney shall provide a Request for Order Granting or Denying Custody Hearing to the assigned division. The court shall determine whether a custody hearing should be granted. A copy of the court's determination shall be mailed by the court to all persons entitled to notice.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the judge or commissioner assigned to the case, at least five (5) days before your scheduled court date.

Signed and sealed this date: _____

MICHAEL K. JEANES, CLERK OF SUPERIOR COURT

By: _____
Deputy Clerk